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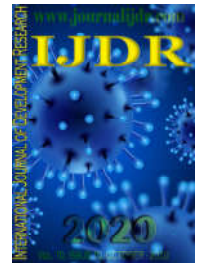
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SUICIDE PREVENTION ACTIONS IN BRAZIL

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ABSTRACT

Adolescence is a phase that marks a transition between childhood and adult life, characterized by physical, emotional, sexual, mental and social development, where the individual seeks his identity in the environment in which he lives and the achievement of his goals. Adolescence is marked by several adversities, such as fights with parents, not being understood and bullying, making this group the most vulnerable to show suicidal behaviors or to commit suicide. The study aimed to identify suicide prevention actions for adolescents in Brazil. It is a narrative review of the literature, with searches in SciELO and LILACS. It was observed that there was an advance in the knowledge about risk factors for suicide and that Brazil represents one of the countries that are concerned with the search for strategies for suicide prevention actions, having as the main suicide prevention actions in the Country: the National Policy for the Prevention of Self-mutilation as a strategy for coping with suicide, CAPS, which provides shelter for people with suicidal ideation and the School, representing a place for promoting mental health and preventing suicide in the adolescent's life.

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INTRODUCTION

Adolescence is a phase that marks the transition between childhood and adulthood, characterized by physical, emotional, sexual, mental and social development, where the individual seeks his identity in the environment in which he lives and the achievement of his goals.

The beginning of adolescence occurs with the bodily changes, caused by puberty, and ends when the individual reaches the form of an adult, financial independence and integration in a social group (Tanner, 1962; Eisenstein, 2005). The chronological age of adolescence is defined by the World Health Organization (WHO) between 10 and 19 years old and by the United Nations (UN) between 15 and 24 years old.

Adolescence is marked by various adversities, such as fights with parents, not being understood, invasion of privacy, loneliness, financial problems and bullying, configuring individuals in this phase as the most vulnerable to show suicidal behaviors or to commit suicide (BARROS *et al.*, 2006). Suicide is considered to be the intentional act of the individual to end his own life, constituting a worldwide public health problem that presents socio-cultural, psychosocial and environmental factors. In Brazil, in 2016, WHO recorded 6.1 suicides per 100,000 inhabitants (Paho, 2020; CFP, 2013). Data from an epidemiological study of suicide deaths indicate that between 1997 and 2011 there were 19,898 deaths among adolescents aged 10 to 19 years in the State of Minas Gerais, due to external causes and of these, 4.87% were due to suicide. When compared, the number of deaths from this condition is higher in young males. The most frequent means of attempting suicide were hanging, self-poisoning and firearm shots (Cantão; Botti, 2014).

According to the World Health Organization, suicide is among the top three causes of death among individuals aged 15 to 44 years and is the second leading cause of death among individuals aged 10 to 24 years. Each year, approximately one million people die from suicide, representing one death every 40 seconds (WHO, 2010). Adolescent individuals are recognized by the World Health Organization as the group most at risk of suicidal behavior, making prevention efforts necessary for this public. Thus, this study aimed to identify suicide prevention actions for adolescents in Brazil.

METHODOLOGY

The study is a narrative review of the literature, which seeks to describe on a given subject, based on analyzes and interpretations of the existing scientific production. This type of study is understood as a broader bibliographic analysis, in which, there is no need to determine a methodology capable of reproducing the research (Vosgerau; Romanowsk, 2014). However, it uses the narrative methodology to obtain an overview of the knowledge about a certain theme, and to present new ideas (Cordeiro *et al.*, 2007). The study had as a guiding question "What are the existing public actions or measures to prevent suicide in adolescents in Brazil?", Obtained through the PVO strategy, in which P refers to the research problem; V, the study variables; and O, the results achieved (Biruel; Pinto, 2011). Thus, the following structure was considered: P (problem situation, participants or context) - Suicide in adolescents; V (study variables): - Suicide prevention measures or policies; O (expected result) - identify, describe and analyze data obtained from research on the subject. To select the articles, a search was made in the databases: Latin American and Caribbean Literature in Health Sciences (LILACS) and Digital Scientific Electronic Library Online (SciELO), using the descriptors of the Health Sciences Descriptors (DeCS) of the Virtual Health Library: "Adolescent" and "Suicide", using the Boolean operator "AND" to associate them during the crossing of keywords. The inclusion criteria were: complete articles that addressed the theme and were published from the year 2000.

RESULTS AND DISCUSSION

Suicide and adolescence: Suicide is considered an important mental health problem, permeated by stigma in society, its

occurrence is not explained by just one cause or single stressor. Suicidal behavior encompasses three phases: suicidal ideation, attempted suicide and actual suicide. Suicidal ideation is the planning ideas of being the agent of death itself. Suicide attempt consists of self-injurious behavior with non-fatal consequences, which is accompanied by explicit or implicit evidence that the individual intended to die (APA, 2003). Suicide can be conceptualized as the act of killing oneself (WHO, 2014). The warning signs for suicide can be verbal and behavioral, an important predictor of risk for suicide is suicidal ideation, as it is considered the first "step" for its effectiveness. Thus, the act of committing suicide does not occur quickly, the individual shows some signs, however, the literature demonstrates that after the first suicide attempt, there is a high probability that others will appear, until one can be fatal (Borges *et al.*, 2008; Dutra, 2002; Espinoza-Gomez *et al.*, 2010; Werlang *et al.*, 2005; Braga *et al.*, 2013).

The literature points out that among adolescents, the main risk factors for suicide are: age, suicidal ideation, depression, mood disorder, abuse of legal and illegal drugs, absence of family support, family history of psychiatric illnesses, family history suicidal behavior, stressful events, sexual orientation, bullying, low self-esteem, family conflicts, school problems and problems in affective relationships (BENINCASA; REZENDE, 2006). In addition, according to Lippi (2003), psychological and sexual violence suffered in childhood or adolescence is an important risk factor for suicide in adolescence (Bahls, 2004; Pinhey; Millman, 2004; Abasse, *et al.*, 2009; Lippi, 2003; Rivers; Noret, 2010). According to the Intersectoral Guide for the Prevention of Suicidal Behavior produced by the Public Ministry of the State of Rio Grande do Sul, the warning signs for suicidal behavior are: concern with one's own death, expression of suicidal ideation, absence of self-care, changes in habits eating habits, drug use, isolation from the family, decreased school performance, changes in the way of dressing and lack of interest in physical activities previously practiced (Brasil, 2019).

Suicide In Brazil: Suicide is a problem that affects all regions of the world. It is estimated that about 800,000 people commit suicide annually, and for every 1 adult who commits suicide, 20 individuals plan to take their own lives. According to data from the World Health Organization (WHO), suicide in 2012 became the 15th leading cause of death in the general population, representing 1.4% of all deaths worldwide and is considered the second leading cause of death among young people aged 15 to 29 years (Brasil, 2017). According to data from the Epidemiological Bulletin Secretariat of Health Surveillance, in the period from 2011 to 2016, 176,226 cases of self-inflicted violence were reported in the Information System for Notifiable Diseases (SINAN), 116,113 cases in women and 60,098 cases in men, in the ranges 10 to 39 years old, representing 74.4% of the cases, the cases were concentrated in the Southeast and South regions (BRASIL, 2017). An epidemiological study on the incidence of suicide in Brazil from 2010 to 2013, pointed out that Pará is the second state in the North Region, with the highest incidence of suicides in children and adolescents, behind only the state of Amazonas. In the study, the authors report that in the period from 2010 to 2013, Pará reported 135 suicides in the age group of 5 to 19 years, with the Municipality of Belém being the most incident, with 12.5%. The authors point out that the majority of suicides (77.8%) occurred in adolescents aged 15 to 19 years, with a predominance of males (Batista *et al.*,

2016). According to data from the Ministry of Health, in the State of Pernambuco, In the Northeast Region, from 2012 to 2014, 2,507 suicide attempts were reported in the Information System on Notifiable Diseases (SINAN), still 3,788 marked as ignored and 1,024 left blank, revealing an alarming increase in the number of suicide attempts when compared to the notifications that occurred between 2015 and 2018, 7,692 suicide attempts, 5,275 marked as ignored and 840 left blank. Data like these reveal a certain lack of commitment on the part of the health team responsible for filling out the notification forms, making suicide prevention actions and referring the patient to specialized treatment unfeasible (BRASIL, 2020).

Suicide Prevention Actions In Brazil: There was a great advance in the knowledge about risk factors for suicide, therefore, it is necessary to research and identify protective factors. Brazil represents one of the countries that are concerned with the search for strategies for suicide prevention actions (Batista *et al*, 2016). The literature points out that the main protective factors for adolescent suicide are: good social relationships, good relationships and family support; having purpose for one's own life; ability to receive advice and seek help when problems arise; adoption of cultural values and traditions; social integration and physical exercise (Benincasa; Rezende, 2006). In this context, in the year 2019 in Brazil, Law Nº 13,819 was enacted, which institutes the National Policy for the Prevention of Self-mutilation as a strategy to fight suicide with the objective of promoting mental health, preventing self-harm, mitigating factors risk factors for suicide and encourage reporting of events related to suicidal behavior. In addition, the National Policy for the Prevention of Self-mutilation guides the promotion of intersectoral articulations, involving health, education, politics, communication and press organizations for suicide prevention and the awareness of society about the importance of suicide as a public health problem. (Brazil, 2019). Another active strategy in the prevention of suicide in the country is Ordinance Nº 3,088 sanctioned in 2011, which establishes the Psychosocial Care Network, which has as one of its objectives to welcome people with suffering or mental disorder. The literature shows that the Psychosocial Care Center (CAPS) offers care for both the individual in psychological distress and for their family members. The CAPS provide the person with suicidal ideation with individual medical, psychological consultations, therapeutic workshops, home visits, sports, cooking and festive gatherings making the CAPS a potential tool to resignify life (HECK *et al*, 2012). According to the Intersectoral Guide for the Prevention of Suicidal Behavior, produced by the Public Ministry of the State of Rio Grande do Sul, the school has a major role in the lives of children and adolescents, becoming an environment for the promotion of mental health and prevention of suicide, through the Health at School Program (PSE), an intersectoral policy for Health and Education, which was instituted in 2007 (BRASIL, 2007). Some suicide prevention actions at school that can be made possible are: the insertion of surveillance, creation of strategies for the promotion of life and the prevention of suicide in the political-pedagogical project of the school, creating partnerships with educational institutions and health entities for the development of projects aimed at promoting life and preventing suicide, creating actions aimed at mitigating bullying and encouraging respect for diversity and the creation of open spaces for dialogue between students and specialized professionals (BRASIL, 2019). Another existing strategy in Brazil is the September Yellow campaign, created in 2014 by the Brazilian

Psychiatric Association (ABP), in partnership with the Federal Council of Medicine (CFM), which aims to carry out actions for health promotion, prevention suicide and the awareness of society on the subject through intersectoral articulations (ABP; CFM, 2014).

Conclusion

Scientific evidence demonstrates that the main actions to prevent suicide in the country are: the National Policy for the Prevention of Self-mutilation as a strategy for coping with suicide, the CAPS, which provides shelter for people with suicidal ideation, School, through the Health at School Program, representing a place for the promotion of mental health and suicide prevention in the adolescent's life and the September Yellow campaign, with the objective of reducing suicide numbers, in this way, the recognition of protective factors are important to enhance the preventive actions against suicide.

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